

Date Rec'd	
Payment Amt	
Assigned by Staff	



**Talbot County Department of Parks and Recreation**  
10028 Ocean Gateway...Easton, MD...21601...Phone 410-770-8050...Fax 410-822-7107

**Decoy Tailgate Show Application**  
Please attach a copy of driver's license to application  
PLEASE PRINT

Name of Contact Person\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

Phone (home)\_\_\_\_\_ (cell)\_\_\_\_\_

E-Mail Address\_\_\_\_\_

Type of vehicle\_\_\_\_\_ State\_\_\_\_\_ Tag No.\_\_\_\_\_

*Configuration:* Side by Side\_\_\_\_ Back to Back\_\_\_\_ (please check all which apply):

Wednesday, Nov 7, 2012\_\_\_\_\_ 1 space\_\_\_\_\_ 2 spaces\_\_\_\_\_ 3 spaces\_\_\_\_\_ 4 spaces\_\_\_\_\_

Thursday, Nov 8, 2012\_\_\_\_\_ 1 space\_\_\_\_\_ 2 spaces\_\_\_\_\_ 3 spaces\_\_\_\_\_ 4 spaces\_\_\_\_\_

Handicap Parking \_\_\_\_\_ yes \_\_\_\_\_ no

***Please note that due to Election Day falling on Tuesday, November 6, 2012 and our facility being occupied, we will not be having a show on this date. We appreciate your understanding.***

\$25.00 per day per space...Please make checks payable to TCPR

**Spaces will be reserved upon full payment with completed application. If space is available after November 6, 2012 new vendors will be accepted on a first come, first serve basis. Any spaces that are reserved after this date, must be paid in cash only.**

*I acknowledge that I have complete understanding of the potential risk associated with this activity, including injury and death, and I voluntarily agree to assume all such risk. I hereby release, discharge, indemnify, and agree to hold Talbot County, Md., its officers, agents, and employees harmless from and against any and all liability, claims, actions, suits, damages, losses, or injuries of any kind, nature, description, including without limitations personal injuries and/or death, medical expenses, and economic damages arising or incurred as a result of any act or omission related to the Decoy Tailgate Show offered by the Talbot County Department of Parks and Recreation.*

**I have read and agree to the prices and information stated in this Application.**

SIGNATURE:\_\_\_\_\_ NAME (Printed)\_\_\_\_\_

DATE:\_\_\_\_\_